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The Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The Dental Practice is located in the London Borough of Tower Hamlets. The practice is based over 3 floors with two treatment rooms and a toilet on the ground floor, a dedicated decontamination room and two treatment rooms on the first floor. There is also a reception area on the ground floor and waiting area on the first floor.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice was comprised of four dentists, four dental nurses and a practice manager. The practice was open Monday to Friday from 9.30am to 5.00pm and Saturdays from 9.30am-1pm.

One of the dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We spoke with five patients during our inspection visit. Patients we spoke with were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Summary of findings

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Equipment, such as the air compressor, autoclave (steriliser), and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- There was a complaints procedure available for patients.
- The practice did not have evidence that all clinical staff had completed training in the Mental Capacity Act 2005.

There were areas where the provider could make improvements and should:

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role. Review staff training and Continuous Professional Development (CPD) to enable them to be up to date with the core subjects as recommended by the General Dental Council (GDC).
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as identification are requested and recorded suitably.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society. Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum
- 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. Undertake a risk assessment for the safe use of sharps as required by Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness. The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography.

However, we also found that the practice had a recruitment policy in place, but had not sought references and identification for all members of staff. The practice's protocol for cleaning instruments manually was not in line with Health Technical Memorandum (HTM) 01-05. We also found a treatment room had inappropriate items on the work surface. This was remedied on the day of the inspection.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The practice could demonstrate they followed guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental care records and details were updated regularly. The practice worked well with other providers and made referrals where appropriate.

Records were not complete in relation to continuous professional development (CPD) and the practice was not able to fully demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC).

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback from patients on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff.

We found that patient confidentiality was well maintained, however, improvements could be made in the way dental care records were stored.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients had good access to appointments, including emergency appointments, which were available on the same day. Staff had access to translation services, if required. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via the 'Friends and Family' Test.

The practice had a complaints policy and procedure in place. We were told no complaints had been received in the past year.

Summary of findings

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures. We were told staff meetings took place on an ad-hoc basis however the practice manger was unable to find minutes of meetings. Risk assessments were in place.

Staff were positive about the future of the practice and were looking forward to planned changes to the working environment though they did feel that with the current support and supervision arrangements they did not always feel well-supported. One of the dentists undertook to address this issue immediately.

The Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 9 September 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We spoke with five patients on the day. Patients we spoke with were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There had been no incidents reported in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. The registered manager and one of the dentists took the lead in managing safeguarding issues. Staff had completed safeguarding training in July 2014 and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist or practice manager.

The practice had carried out a range of risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had an infection control policy, health and safety policies, and had carried out risk assessments relating to fire safety and legionella. However, we noted there was no risk assessment for the safe use of sharps (needles and sharp instruments).

We were told that only one dentist at the practice used rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth]. The other dentists used other methods, such as cotton wool rolls, to isolate the tooth during root canal treatments.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support in August 2014. This training was renewed annually and we were told training had been arranged for October 2015. The staff we spoke with were aware of the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included emergency medicines and oxygen. However, there was no automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We were told the practice had plans to purchase an AED in time for their next basic life support training session in October 2015. The emergency equipment was tested regularly and a record of the tests was kept; however the check sheets used were not always signed and fully dated. We noted that all the medicines were in date.

Staff recruitment

There was a recruitment policy in place. We reviewed four staff files and saw that the practice carried out some relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, registration with the General Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS) for clinical staff only. However, we noted that the practice had not kept copies of references for all members of staff and there was no photo identification in the staff files looked at. The providers undertook to obtain references and identification for staff.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice manager told us fire safety checks and drills were carried out periodically. Staff told us they had received basic fire safety training.

Are services safe?

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to the principal dentist who then disseminated these alerts to the other staff, where appropriate.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy and written protocols for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff files we reviewed did not contain evidence that staff had attended a training course in infection control.

The practice had followed some of the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A dental nurse showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. However, there was lack of clarity amongst staff members about which sinks to use for cleaning and rinsing instruments. The room had three sinks, two of which were for instrument cleaning - one for scrubbing and the second for rinsing. However, the second sink was not used. Two bowls were placed in the first sink and these were used for scrubbing and rinsing instead.

The water temperature was not checked at the beginning of the procedure for cleaning instruments manually even though there was a thermometer near the sink.

Staff told us that an illuminated magnifier was used to check for any debris during the cleaning stages. Items were then placed in an autoclave (steriliser) after cleaning. Sterilised instruments were transported in a 'clean' box back to the treatment rooms where they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure checks. A log was kept of the results demonstrating that the equipment was working well. We were told regular infection control audits were carried out by the practice; the last one was carried out in August 2015.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated however we noticed on the day there was an accumulation of waste bags in the yard at the side of the practice. This was removed before the end of the day. Staff demonstrated they understood how to dispose of single-use items appropriately.

We noticed that one of the surgeries was cluttered, with inappropriate items being stored on the work surface. This would make cleaning that area difficult. The staff we spoke with also raised concerns with us about this and the disposal of some items. We spoke with the registered manager on the day about this issue and changes to practice were made immediately.

Records showed that a Legionella risk assessment had been carried out by an external company. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

We were told that the dental nurses cleaned the practice at the end of the day. The practice did not have cleaning schedules to identify what cleaning tasks were required and where equipment should be used.

There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

Equipment and medicines

Are services safe?

We found that most of the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice did not stock medication other than emergency medicines. However we found prescription pads were not stored securely. The registered manager told us this would be addressed immediately.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in both treatment rooms where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. Two of the dentists were the radiation protection supervisors (RPS). There was no evidence in the staff files looked at that all clinical staff had completed radiation training. X-rays were graded and audited as they were taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the registered manager and the practice manager. We found that the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentist always checked people's medical history and medicines they were on prior to initiating treatment.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

We observed some health promotion materials in the reception area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received some professional development and training. We reviewed staff files and saw that staff had completed some CPD in the subjects recommended by the General Dental Council, which included responding to emergencies and safeguarding adults. There were no records of infection control training. The practice manager told us this would be arranged for staff. There was a system in place to cover staff absenteeism.

Staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated. We were told the practice manager or registered manager met with staff individually to discuss training needs and we saw evidence of this.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for orthodontics. The practice kept a file with referral forms for local secondary and tertiary providers. The practice manager ensured that urgent referral letters were faxed the same day that the dentist made the recommendation. All letters were kept in patients' dental care records which were stored securely. Patients were offered a copy of their referral letters. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Are services effective?

(for example, treatment is effective)

The dentists were aware of the Mental Capacity Act (MCA) 2005. They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. A staff member we spoke with did not have a clear understanding of the MCA and told us they had not received training. There was no evidence that clinical staff had received formal training in this area.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients we spoke with all commented positively on staff's caring and helpful attitude. Parents were pleased with the level of care their children received. Patients who reported some anxiety about visiting the dentist commented that the dental staff made them feel comfortable and they were well-supported by the staff.

We observed staff were welcoming and helpful when patients arrived for their appointment. The receptionist and practice manager spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment rooms. Patients indicated they were treated with dignity and respect at all times.

Dental care records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Some paper records were not stored in locked filing cabinets. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. The receptionist's computer screen was positioned in such a way that it could not be seen by patients in the waiting area. Staff also told us that people could request to have confidential discussions in an empty treatment room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the reception area which gave details of private dental charges or fees. The practice only treated exempt NHS patients, who did not have to pay for dental treatment. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. There was a patient information leaflet in the reception area which provided information about the practice such as how to make an appointment and paying for treatment, where necessary. The patients we spoke with confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The practice manager gave a clear description about which types of treatment or reviews would require longer appointments. The dentist also specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

The dentists told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that they had access to a translation service.

The practice was located over three floors. Patient's in wheelchairs or with prams could access treatment rooms on the ground floor.

Access to the service

The practice was open Monday to Friday from 9.30am to 5.00pm and Saturdays from 9.30am-1pm. The practice displayed its opening hours in the practice leaflet.

Patients could book an appointment in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. Staff told us that the patients', who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients. However, there was no information displayed in the reception area about how to make a complaint. We were told the poster had been recently removed; however, that it would be put back up immediately. We were told there had been no complaints recorded in the past year. The patients we spoke with told us they could approach the practice manager or dentist if they wanted to make a complaint.

The practice also collected feedback through the use of the 'Friends and Family Test'. The survey forms for this test were displayed in the waiting area. The practice had also used its own patient feedback survey to identify any concerns. The majority of the feedback collected during the past year indicated a high level of satisfaction.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place, although many of these had not been updated in over a year. Staff were being supported to meet their professional standards and complete some continuing professional development (CPD). standards set by the General Dental Council Records relating to patient care and treatment were kept accurately, although records relating to staff recruitment were not complete and there was limited evidence that staff had completed all of their CPD recommended by the GDC.

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. We saw a risk assessment in place for fire safety and a legionella risk assessment had been acted on to minimise risks.

We were told practice meetings took place on an ad-hoc basis, the last one being held the week before the inspection; however the practice manager as unable to locate minutes of the meetings.

Leadership, openness and transparency

The staff we spoke with told us they felt that they enjoyed their work and had enough time to do their job however; they told us that they did not always feel respected and listened to. As a result, we were told that though they had appraisals but that they no longer felt comfortable about raising concerns with the registered manager. We discussed this with one of the dentists during the visit and we were assured this issue would be addressed.

The registered manager had a clear vision about the future of the practice which included refurbishing the practice and digitalising the systems for X-rays. Staff were aware of these plans and the overall vision.

Management lead through learning and improvement

We saw evidence that staff were working towards completing some of the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC). However, we were not able to find evidence that staff had attended training in radiation and infection control in the staff files looked at.

The practice had a programme of clinical audit in place. These included audits for clinical record keeping, infection control and X-ray quality. The audits showed a generally high standard of work, but identified some areas for improvement. We noted that only one of the three record audits completed had clear lessons learnt and improvements to be made to practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice gathered feedback from patients through the use of the 'Friends and Family Test' survey. They had received six friends and family responses and all had been positive, all said they would be 'likely' or 'extremely likely' to recommend this practice to someone else.

The staff we spoke with ad been working at the practice for some years however they told us they did not always feel their feedback to the practice was listened to. Staff were however positive about the future of the practice and were looking forward to planned changes to the working environment.